



## **Crisis of Suicide: A Pastoral Psychological Approach**

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**Abstract.** The issue of death is a common phenomenon among humans. As common as it is however, the way one dies is a serious concern in the African setting, in particular. Death by suicide is a detested experience among Africans because there are various supports that should prevent this abrupt and self-destroying practice. Regrettably, in the face of communal resources that could address existential challenges, some persons still commit or attempt suicide. This paper has attempted to consider suicide as a crisis. Types of suicide have been discussed from sociological and suicidological perspectives. Reasons for suicide options include unenduring psychic pain, unmet need, loneliness, and avoidance of shame, among others. Recommendations were made for preventive and curative treatment of the challenge. Ministry of presence and support are vital among the suggestions that pastoral care givers should embark upon. This will help in making life meaningful and bearable in the face of existential questions persons raise in the contemporary experiences in Africa.

### **INTRODUCTION**

A generally accepted fact is that human life and activities terminate at death. It is also believed that death may occur at any point in time and at any place. Further still, it is generally believed that how one would die remains a mystery. Death through suicide however, remains an issue of concern that should attract the attention of pastoral caregivers. This is because suicide is becoming a phenomenon that poses serious threat to lives in the entire globe and in Africa in

particular. Reports of suicide appear on print and audio-visual media almost every week. It appears as attempted or accomplished suicidal acts for whatever reason(s). Again, it is appalling to note that this abrupt life-terminating and self-destroying act cuts across age, sex, social and religious boundaries. Attention needs to be paid to this menace because, as John Hewett puts it, “suicide is a singular act with plural effect. One persons’ act of suicide can throw hundreds of others into shock and grief” (Hewett, 1980:51).

The writer is not unaware of the complexity of the crisis under study. The complex nature of suicide is rightly explained by Sullender and Malony thus:

The psychology of suicide and suicide-threatening behaviour is most complex. Certainly, it often includes medical and interpersonal issues, as well as the usual dynamics of depression and despair...Suicide is primarily, although not entirely, a spiritual problem. Persons who are suicidal are asking, either explicitly or implicitly, such critical existential questions as: Does my life have any meaning or purpose? Do I have any worth? Is forgiveness possible? Is there hope for a new life beyond this current mess? (Sullender and Malony 1990:204).

This means that situations wherein people find themselves raise the question of meaning and meaninglessness about life. They seek answers to such existential questions to which many occasions none comes forth. Hence, they need pastoral ministry that will explore the existential problems of their life from emotional psychological, social and spiritual angles.

### **NEEDFUL CLARIFICATION**

The purpose of the study is to examine the problem of suicide, its nature, extent, types, reasons and signals from pastoral psychological stand point. This is to help pastoral caregivers in handling the crisis effectively thereby giving relief to suicidal persons. Also, it is needful to clarify some terms by way of definition or description for a proper understanding of the topic under consideration. The terms are euthanasia and suicide which are easily mistaken for the other. Etymologically, euthanasia comes from two Greek words *eu* and *thanatos* literally

meaning “easy or gentle death” (Wood, 1968:210). This occurs when someone is considered as incurably or distressfully sick and his/her life is terminated through scientifically approved painless method in order to put an end to the suffering. This may not be on the basis of the victim’s consent (Wood, 210).

In the case of suicide, which is the focus of this study, it is the intentional, deliberate, autonomous, thoughtful, rational act of taking one’s own life for the expressed purpose of escaping grave personal harm caused by unremitting suffering that in the patient’s view serves no discernible spiritual or emotional purpose and from which there is no relief consonant with rational existence (Holst, 1993: 339).

In other words, suicide takes place with the conscious decision of the suicidal person on the basis of lack of hope in getting relief from a persisting problem. It becomes assisted suicide when the person consciously requires the aid of another person to help him/her terminate his/her life and the other person consents and participates voluntarily.

## **NATURE AND EXTENT OF CRISIS OF SUICIDE**

Looking at the crisis of suicide from the western perspective, sources indicated that the number of suicides is rather underestimated even when it is considered as one of the top greatest ten causes of death in the industrialized world. The reason for considering any given figure of suicides as below the actual appears convincing. For instance, accidental deaths are viewed as possible suicidal cases. Gooden opines that every successful suicidal attempt is indicative of eight to ten others that failed. To him, about 20,000 people attempt suicide in the United States annually and about one out of ten succeed. It is further indicated that women on the one hand, attempt suicide and fail than men at a ratio of 3 to 1. Men on the other hand, complete their own suicidal attempts than women at the same ratio (Gooden, 1990:1237). B. Harris also reported that the World Health Organization estimated about 300,000 – 400,000 committed suicide throughout the world (Harris, 1995:825).

A more recent statistical record shows the prevalence of suicide in the

United States of America. The record states the actual number of accomplished suicides in 1999 as 29,199 and an estimated figure in 2004 as 31,523 ([www.wrongdiagnosis.com/suicide/statscountry.htm](http://www.wrongdiagnosis.com/suicide/statscountry.htm) 27/04/07). Little wonder why David Soliday states that it is the ninth leading cause of death in the United States (Soliday, 2003:2).

Suicide is viewed from an African perspective as a sign of both valiancy and cowardice. As a sign of valiancy, on the one hand, it is believed that a valiant man shows this characteristic by taking his own life rather than allowing an enemy to kill him. The example of Sango in the ancient Yoruba history is a strong one. The Yoruba other name for Sango is Jakuta which means “thrower of stone.” Sango in Yoruba language is known as the god of thunder, while the Igbo name for this divinity is Amadioha (Abioye, 2001:40). Sango needed to commit suicide valiantly by hanging to avoid the shame of being sent out of Oyo town as the king by a subject of his by the name Gbonka. It was due to his inability to conquer Gbonka that he was forced out of the throne as the Alaafin of the Old Oyo instead of being killed. On his way out of Oyo to Nupeland, he was deserted by the people so he decided to take his own life since Oya, his wife also wanted to return to Oyo. According to Courlander,

As he and his wife went through the bush country... they stopped after a while to rest....Sango left Oya sitting there and went into the forest. He prepared a rope, tying it to the limb of an *ayan* tree, and he hanged himself. Oya waited for him to return. When she was rested, she went to look for him.... And she saw Sango's body hanging from the *ayan* tree (Courtlander, 1973: 98-99).

That was a valiant suicidal act.

Another example of suicide as an evidence of valiancy is the case of warriors who would not want to return home defeated. Having lost most of the warriors who went to battle with him, the captain (Balogun) as in the case of the Yoruba who might have escaped defeat mysteriously would at last terminate his own life instead of surfacing at home alone shamefully. Some of such valiant warriors would stab themselves, hang, turn into a mysterious object or swallow poison. Such act was praised traditionally.

Death by suicide on the other hand, is considered as bad one in Africa. S. A. Abioye categorized such death as the type that should not be accorded full funeral rites to include death of a child, death by small-pox, leprosy, falling from palm tree, woman dying during labour, drowning and suicide, among others (Abioye, 129). This implies that death by suicide is not appreciated in Africa as well because of the stigma it carries. It may stigmatize the family as a bunch of people who cannot endure life challenges – hence resorting to taking their own lives. The surviving members of the family and generations to come may also be labeled as cowards. This may hinder the younger generations from getting spouses due to fear of possible abrupt termination of life.

Attention must be drawn here to the fact that Africans tend to borrow ideas from the western world easily. This is because the west is considered as developed while Africa is still developing. Regrettably, boundary is not put at the extent to which practices should be borrowed. In spite of the rich African culture of sense of community belonging which makes sharing of joy and sorrow together possible, unlike in the west, where individualistic type of life is lived, suicide is also bedeviling Africans. The alarming rate of suicidal cases might be as a result of the influence of the western civilization for which African soil is fertile for its survival. This is why the number of suicidal cases in Africa is on the increase. For instance an estimated statistical record in 2004 shows that loss of life through suicide in Africa in 2003 was 71,954 people (Soliday, 2003:2). The same record reveals that Nigeria's share in the above loss was 1,905 lives. This is just the reported or recorded cases while there could be several others not made public in order to avoid stigmatization. Little wonder why suicide is called a "whispered word" (Soliday, 2) which no one likes to associate with or discuss openly.

## **TYPES AND REASONS FOR SUICIDE OPTION**

Sociologists and suicidologists have given several types of and reasons for suicide. A summary of these is presented here.

## Types of Suicide

There are three main types of suicide given from a sociological perspective which are altruistic, egoistic and anomic in nature. The altruistic one was formally practiced by a social group in Japan as a ritual called *barakiri*. It was a required religious ritual carried out by disembowelment. In other words, the contents of the stomach would be removed as an attempt to fulfill certain religious conditions. Egoistic type is the suicide common to persons who live lonely life. Such persons terminate their own lives privately when overwhelmed by certain life situations. The individuals involved are those who isolate themselves from the family, religious body and community. The third type in the sociological class is similar to egoistic one but with a little difference. This is the anomic suicide which is embarked upon because of broken relationship between the victim and the society (Soliday, 2)

Again, six types of suicide are given from a suicidological stand point. The first one is called rational suicide. It is an escapist method to avoid continued experience of pain. The second one is called reactional suicide which is as a follow-up to a major loss. Such loss may include loved one, job or part of the body. Vengeful suicide is the third one whereby the victim's intention is to punish somebody. An example is the case where a child decides to take poisonous substance to kill him/herself because he/she is punished by parents or guardians. Manipulative suicide is the next, which is meant to thwart another person's plan when that is not considered as satisfactory to the victim.

The fifth type which is carried out to fulfill a delusion is called psychotic suicide. For instance, when a person is obsessed with delusional grandeur, he/she may feel that he/she could jump down from a twenty-five storey building without being injured. The weight of the delusion may be so heavy on him/her to the extent of acting out the delusional thought, thereby destroying him/herself. The last one is referred to as accidental suicide which is the case where someone takes a spontaneous decision to commit suicide. By the time the reason for his/her action is analyzed, it is realized that if he/she understood the situation as

analyzed, he/she would not have committed the act (Hewett, 1980:29).

### **Reasons for Suicide Option**

Prominent among the reasons are briefly discussed. Only seven are treated because they serve as umbrella points under which others are subsumed.

**1. Unendurable Psychic Pain:** It should be noted that, according to David K. Switzer, what commonly stimulates suicide is intolerable psychological pain. The common stressor therein is frustrated psychological needs. Again, people take to suicide to seek a solution to their problem with the goal of ceasing consciousness of the pain. This is on the basis of hopelessness and helplessness. This notwithstanding, the suicidal persons are always ambivalent about dying. In other words, they want to live and want to escape the pain at the same time (Switzer, 1986:207). It means that if the suicidal person gets solution to his/her problem the idea of suicide would be shelved. It is argued that there are limits to which individuals can endure pain. Also, the extent to which pain could be endured depends on the individual's coping capability. After enduring pains to a certain length, some would just conclude to end their lives through suicide (Childstrom, 1989:202).

**2. Unmet Needs Accumulated with Growing Frustration:** Some decide to call it quit when life's needs are continually not met. The situation is worsened by frustration due to inability to make ends meet (Childstrom, 203). For instance, a man may choose suicide option when he is unable to properly feed his family, or pay his children's school fees and house rent. As a result, his family is driven out of their apartment and immediately after that his wife gives birth to a set of triplets. Added to that is the open mockery by the supposed friends for failing to play his fatherly role in his family. Such a man may choose suicide option because an overwhelming singular need or frustrating multiple needs are not met.

**3. Loneliness:** The resultant feelings are helplessness and hopelessness when some people experience utter loneliness. They feel that they are abandoned by the society and are left at the mercy of fate. They begin to feel that life is not

worth living. To them, there is nothing they can do and there is nobody to identify with them (Childstrom, 2003). Loneliness may be as a result of terrible marital relationship. It may also be a result of unemployment or bad interpersonal relationship at the place of work. Again, one may experience loneliness due to terrible and/or contagious disease that the victim is suffering from, which may repel people from the victim.

**4. Feeling of Becoming a Burden:** According to Bill Blackburn, some people prefer to die suicidally rather than allowing others to suffer because of them (Blackburn, 1982:27). When some victims observe that the burden of their case may be getting too much for those around them, they prefer to die. They may reach this conclusion because of negative reaction of those taking care of them or on the basis of their own wrong assumption about their reaction.

**5. For Avoidance of Shame:** There are those who have involved themselves in practices which will eventually result to shame. For example, those who make money with charm may know the consequences like becoming a mad person at last. In an attempt to escape experience of madness, they may choose suicide option before the expected time of shame.

**6. As a Religious Motive:** There are those who commit suicide to fulfill religious intent. Strong examples include the extremist Christian cults like the members of the People's Temple in Guyana. Many of them committed suicide in 1978 (Harris, 826). Another example is the worldwide known case of Islamic fundamentalists suicide bombers who killed themselves by attacking the World Trade Centre in Washington D. C. on September 11, 2001.

**7. As a Result of Diabolical Influence:** It is believed in the African context that someone may be remote-controlled through diabolical means to do the biddings of the one controlling him/her with charm. There are examples of people who jumped into wells or big rivers but due to god's mercy, survived. Some later testified that an irresistible voice commanded them to act that way. Some others jumped from heights like three-storey building or trees for no just cause. Also there are those who stabbed themselves due to influence of diabolical power.



## SUICIDAL SIGNALS

The pastoral caregivers need to have some helpful knowledge about the signals of the crisis of suicide. Caregivers should note that the intention to commit suicide is always communicated by suicidal persons through some signals. Attempts are made covertly or overtly by those planning to commit suicide to express their suicidal thoughts. This is referred to as “the cry for help” (Harris, 826). The signals are detectable if pastoral caregivers are sensitive to the feeling needs of their parishioners. Below are some specific suicidal signals common to suicidal persons.

One of the major signals is verbal expression of depression and uselessness. Another is that the suicidal individuals may be visiting physicians complaining of vague symptoms. Some others may be carelessness about using medications and drugs prescribed by physicians. Other may be making new will or giving away valuable personal property (Pretzel, 1990:1235).

Furthermore a suicidal person feels useless, hopeless, and helpless, fatigued and lack of interest in daily activities they were in love with in the past, sex inclusive. Some people give in to drug or alcohol abuse. Eating and sleeping patterns become irregular. The individuals become easily irritable, crying, anxious and panic. They also find it difficult to concentrate, make decision or remember certain important but simple issues. Their minds are filled with suicidal thoughts and plans and also feel sad and empty. They talk about suicide and are preoccupied with dying. When they feel elated, their happiness is inexplicable. Such individuals may be paying a visit to or calling people they care about as a sign of farewell message. Some of them put their affairs in order as a preparatory step (Pretzel, 1235). These and other signals can be used to decipher people who are suicidal so that proper pastoral intervention may be put in place.

## A PASTORAL CARE RESPONSE

The Bible seems to be silent about the judgments regarding suicide. However, there are examples of suicidal cases in the Bible although without specific comments on its moral nature. The examples include Saul and his armour-bearer (1 Sam. 31:4-5), Ahitophel (2 Sam. 17:23), Zimri (Kings 16:18), Samson (Judges 16:28-31) and Judas Iscariot (Matt. 27:3-10). The act of suicide however contravenes the sixth commandment because it is murder of oneself. From the Christian perspective, no matter the motive, suicide is morally wrong (Soliday, 1).

Moreover, sanctity of life is a strong Christian doctrinal issue that forbids suicide. Even in the Judaeo-Christian tradition, only God in his sovereignty has the prerogative to take the life He has given. Hence, "suicide .... is seen as a challenge to the sovereignty of God" (Harris, 825). The Christian teaching that man is not the author of his/her life, not to talk of being the absolute owner, controls the issue of personal freedom for terminating personal life.

Thomas Wood rightly opines that,

Life is entrusted to us by God that it may begin to find its fulfillment in the loving service of God and our fellow humans here in this world, and it is not for us to decide for how long it shall be used. Directly and deliberately to destroy one's own life is therefore said to be (1) a sin against God its Creator and Redeemer, a rejection of his love and a denial of his sovereignty; (2) an offence against the proper love of one's own person as a creature..., a violation of the sixth commandment, and an act of despair which precludes repentance; and (3) an offence against humankind in that it both deprives society and one's own family of a member prematurely and also denies them any opportunity of ministering to one's needs (Wood, 609)

In other words, abrupt termination of life denies God of his right of ownership and inflicts loss on the society by taking a member away in an unacceptable way.

Furthermore, the Christian doctrine on suffering views it from two angles. Suffering is considered as evil because of the pain that the sufferer goes through. In spite of this, it can play a redemptive role by drawing the sufferer's attention to his/her need of God and fellow human beings. Suffering should be seen as an

inevitable existential experience. The way it is viewed will determine one's reaction about suffering. This is why Stempsey rightly states that "pain and suffering are distinct, that one can have pain without suffering and can suffer without having pain" (Stempsey, 216).

Below are specific recommendations for pastoral caregivers towards preventing or caring for suicidal persons. Pastoral caregivers should:

1. provide the ministry of presence by being around to encourage without necessarily attempting to provide answers to unasked questions of the suicidal persons;
2. accept and support those who attempted suicide and failed;
3. gain insight into the family history of individual members as a preventive measure in order to determine the risk of taking their own lives so that prompt attention could be paid (Stempey, 216);
4. be sensitive since suicide intentions are communicated one way or the other;
5. develop reflective listening skills. As sensitive and concerned listeners, caregivers while counselling should put aside all other issues raised in the course of conversation with distressed persons and gently explore suicidal thoughts expressed consciously or unconsciously;
6. take steps to evaluate suicidal risk in order to understand the plan the person has developed towards termination of his/her life;
7. focus the intervention plan on immediate issues to implement them as quickly as practicable. Immediate and temporary solutions should be developed by making a list of all existing resources of help that are available. These may include relations, professional relationships and community resources;
8. make referral in high risk cases and professional consultation should be sought in case the counselor is in doubt of the severity of the risk (Harris. 825);

9. as preventive measure, always lay emphasis on sanctity of life for members to recognize it as a gift from God which should only be terminated by its giver;
10. put in place programmes that will allow room for socialization to prevent or at least reduce loneliness. Such programmes may include recreational and group therapy opportunities for integration.
11. contextualize church programme without compromising basic beliefs and practices. This should be done to rekindle sense of community belonging and strong family tie in African context so as to enhance problem sharing; and
12. always emphasize possibility of forgiveness no matter the level of the wrongs committed.

## CONCLUSION

This paper has discussed suicide as a crisis that must be addressed by the contemporary pastors in the African context in particular. The nature and extent of the crisis has been presented to show that it cuts across all strata of life. The need for pastoral caregivers to be sensitive to the responses of members to life challenges lies in the fact that the factors leading people into terminating their own lives are diverse in nature. It is therefore, believed that application of the preventive and curative measures recommended will help in reducing the crisis of suicide drastically.

## REFERENCES

- Abioye, S A. (2001). *Basic Text on West African Traditional Religion for Higher Education*. Oyo, Nigeria: Immaculate-City Publishers, 40.
- Blackburn, Bill. (1982). *What You Should Know about Suicide*. Texas: World Book Publishers.
- Childstrom, Corine. (Fall 1989). "Suicide and Pastoral Care." *The Journal of Pastoral Care*, 43, 2, 202.

- Courtlander, Harold. (1973). *Tales of Yoruba Gods and Heroes*. New York: Crown Publishers.
- Gooden, W. E. (1990). "Suicide Research." *Dictionary of Pastoral Care and Counselling*, R/ J. Hunter, Ed. Nashville: Abingdon Press.
- Harris, B. "Suicide." (1995). *New Dictionary of Christian Ethics and Pastoral Theolog.* Downers /Grove, Illinois: InterVarsityPress., 826.
- Hewett, John H. (1980). *After Suicide*. Philadelphia: The Westminster Press, 1980.
- Holst, Lawrence E. (1993). "Do We Need More Help in Managing Our Death? A Look at Physician-Assisted ?Suicide." *The Journal of Pastoral Care*. 43, 3, Winter 1993, 339.
- Pretzel, P W. (1990). "Suicide (Pastoral Care)." *Dictionary of Pastoral Care and Counseling*. R. J. Hunter, Ed. Nashville: Abingdon Press, 1990, 1235.
- Soliday, David. (2003). "Suicide: A Pastoral Perspective." In *Suicide, Suicidal Death Wish*, April 2003, 2. <http://creativecommons.org/licenses/by-nc-sa/1.0>.
- "Statistics by Country for Suicide." [www.wrongdiagnosis.com/suicide/stats\\_country.htm](http://www.wrongdiagnosis.com/suicide/stats_country.htm). Accessed 27/04/2007.
- Sullender, R. Scott and H. Newton Malony. (1990). "Should Clergy Counsel Suicidal Persons?" *The Journal of Pastoral Care*. 44, Fall 1990, 204.
- Stempsey, A. (1993). "Another Look at Physician-Assisted Suicide." *The Journal of Pastoral Care*. 43, 3, Winter 1993.
- Switzer, David K. (1986). *The Minister as Crisis Counselor*. Nashville: Abingdon Press, 1986.
- Wood, Thomas. (1968). "Sacredness of Life." *A New Dictionary of Christian Ethics*, 1968 ed., 210.